City of Wisconsin Dells

Application for Automatic Withdrawal For payment of City of Wisconsin Dells Water & Light Utility Account

Please complete this form and attach a voided check. Return to:

Wisconsin Dells Water & Light Utility 300 La Crosse St Wisconsin Dells, WI 53965 lmcclyman@dellscitygov.com

☐ Savings Account

DATE COMPLETED: __

Customers electing automatic payment through their designated bank account will continue to receive their monthly utility bill on (or about) the first of every month. The payment for the amount due on the statement will be withdrawn from the designated account listed below on the 20th of each month or the next business day.

Yes, I would like to sign up for automatic payment. Please withdraw the full amount due each month from the following account:

☐ Checking Account

OFFICE USE ONLY

OR

	Bank Name:	
	Name on Account:	
	Business or Personal Bank Account:	
	Routing Number. (9 digits bottom left):	
	Account Number:	
I authorize the City of Wisconsin Dells and the financial institution listed above to initiate an electronic withdrawal for the payment of my utility services. I understand that such charges may vary in amount each month according to utility services used. If payment is not honored by financial institution the utility shall assess a \$30 charge when the payment rendered for utility service is not honored by customer's financial institution. This authorization shall remain in full force until I provide the City of Wisconsin Dells written notice from me of its termination.		
Customer Address:		
Utility Account Number(s):		
Customer Name (Please print):		
Customer's Sig	gnature: Date:	